

MDR Tracking Number: M5-04-1388-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 1-16-04.

The IRO reviewed manipulation, therapeutic exercises, manual therapy, ultrasound, office visits, massage, manual traction, neuromuscular re-education, home management, hot/cold packs, gait training, stimulation and group therapy rendered from 8-1-03 through 11-14-03 that were denied based upon “U”.

The IRO concluded that “passive therapy on or after 08-01-03 was not medically necessary to treat her on the job injuries. This patient was progressed into an active therapy program. Due to the significance of her injuries and multiple injured areas, four months of active therapy would be appropriate.

In conclusion, manipulation, therapeutic exercises, office visits, procedures, neuromuscular re-education, home management, gait training, and group therapy from 8-1-03 through 11-14-03 were medically necessary. Manual therapy, ultrasound, massage, manual traction, stimulation and hot/cold packs from 08/01/03 through 11/14/03 were not medically necessary.”

The Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(r)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

DOS	CPT CODE	Billed	MARS (Maximum Allowable Reimbursement)	Medically Necessary	Not Medically Necessary
8-1-03 8-20-03	98941	\$45.60	\$45.60	\$45.60 X 2 dates = \$91.20	
8-1-03 8-11-03 8-15-03 8-20-03 8-22-03 8-25-03 8-27-03 9-5-03 9-15-03 10-22-03 10-24-03 10-31-03 11-10-03 11-12-03 11-14-03	97110 (4)	\$35.91 X 4 = \$143.65	\$35.91	\$143.65 X 15 dates = \$2154.75	

8-4-03 8-8-03 9-8-03 9-17-03 9-24-03 10-16-03 10-17-03 11-7-03	97110 (3)	\$35.91 X 3 = \$107.73	\$35.91	\$107.73 X 8 dates = \$861.84	
8-13-03 9-10-03	97110	\$35.91	\$35.91	\$35.91 X 2 dates = \$71.82	
8-18-03 9-19-03 9-22-03 10-3-03 10-6-03 10-10-03	97110 (2)	\$35.91 X 2 = \$71.82	\$71.82	\$71.82 X 6 dates = \$430.92	
8-1-03	97140	\$33.90	\$33.90		\$33.90
8-1-03 8-4-03 8-11-03 8-13-03 8-15-03 8-18-03 8-20-03 8-22-03 8-25-03 9-8-03 9-17-03 9-24-03 10-16-03	97035	\$15.56	\$15.56		\$15.56 X 13 dates = \$202.28
8-1-03	99213	\$65.21	\$65.21	\$65.21	
8-4-03 8-8-03 10-3-03 10-6-03 10-10-03 10-16-03 10-17-03 10-22-03 10-31-03 11-10-03 11-12-03 11-14-03	99212	\$46.41	\$46.41	\$46.41 X 12 dates = \$556.92	
9-26-03	99211	\$26.19	\$26.19	\$26.19	
8-4-03 8-8-03 8-11-03 8-13-03 8-15-03 8-18-03 8-25-03 8-27-03 9-5-03 9-8-03 9-10-03 9-15-03 9-17-03 9-19-03 9-22-03 9-24-03 9-26-03 10-3-03	98940	\$32.84	\$32.84	\$32.84 X 29 dates = \$952.36	

10-6-03 10-10-03 10-16-03 10-17-03 10-22-03 10-24-03 10-31-03 11-7-03 11-10-03 11-12-03 11-14-03					
8-4-03 8-8-03 8-11-03 8-18-03 8-27-03 9-8-03 9-10-03 9-15-03 9-17-03 9-19-03 9-22-03 9-24-03 10-3-03 10-6-03 10-16-03 10-17-03 10-24-03 10-31-03 11-12-03 11-14-03	97124	\$28.14	\$28.14		\$28.14 X 20 dates = \$562.80
8-8-03 8-25-03 8-27-03 9-5-03	97012	\$18.83	\$18.83		\$18.83 X 4 dates = \$75.32
8-13-03	90943	\$40.00	\$40.00	\$40.00	
8-15-03 8-20-03 8-22-03 9-10-03	98943	\$48.00	\$48.00	\$48.00 X 4 dates = \$192.00	
8-22-03	98942	\$59.78	\$59.78	\$59.78	
9-5-03 9-8-03 9-17-03 10-17-03 10-22-03 10-24-03 11-7-03	97112	\$36.69	\$36.69	\$36.69 X 7 dates = \$256.83	
9-15-03 9-22-03 10-10-03 10-16-03 10-31-03	97116	\$32.56	\$31.56	\$31.56 X 5 dates = \$157.80	
9-5-03 10-3-03 10-10-03	97535	\$39.00	\$39.00	\$39.00 X 3 = \$117.00	
9-15-03	97032	\$20.68	\$20.68		\$20.68
9-19-03 10-22-03	97140	\$33.90	\$33.90		\$33.90 X 2 dates = \$67.80
10-3-03 10-10-03	97150	\$23.61	\$23.61	\$23.61 X 2 dates = \$47.22	
TOTAL				\$6081.84	\$962.78

Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees (\$6081.84). Therefore, upon receipt of this Order and in accordance with **§133.308(r)(9)**, the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On April 26, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified above. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
7-28-03	97010	\$11.00	\$0.00	No EOB	\$11.00	CPT Code Descriptor	MAR reimbursement of \$11.00 is recommended.
7-28-03	97014	\$20.00	\$0.00	No EOB	\$20.00		MAR reimbursement of \$20.00 is recommended.
7-28-03 7-30-03	97035	\$22.00	\$0.00	No EOB	\$22.00		MAR reimbursement of \$22.00 X 2 = \$ 44.00 is recommended.
7-28-03 7-30-03	97250	\$43.00	\$0.00	No EOB	\$43.00	CPT Code Descriptor	MAR reimbursement of \$43.00 X 2 = \$86.00 is recommended.
7-28-03 7-30-03	99213	\$48.00	\$0.00	No EOB	\$48.00		MAR reimbursement of \$48.00 X 2 = \$96.00 is recommended.
7-30-03	97110 (4)	\$140.00	\$0.00	No EOB	\$35.00 / 15 min		MAR reimbursement of \$140.00 is recommended.
7-30-03	97265	\$43.00	\$0.00	No EOB	\$43.00		MAR reimbursement of \$43.00 is recommended.
7-30-03	99080	\$15.00	\$0.00	No EOB	\$15.00		MAR reimbursement of \$15.00 is recommended
9-2-03 9-4-03 10-15-03	98940	\$32.84	\$0.00	No EOB	\$32.84		MAR reimbursement of \$32.84 X 3 = \$98.52 is recommended
9-2-03	97110 (2)	\$35.91 X 2 = \$71.82	\$0.00	No EOB	\$35.91 / 15 min		MAR reimbursement of \$71.82 is recommended
9-2-03 9-4-03	97112	\$36.69	\$0.00	No EOB	\$36.69		MAR reimbursement of \$36.69 X 2 = \$73.38 is recommended

9-2-03	97116	\$32.56	\$0.00	No EOB	\$32.56		MAR reimbursement of \$32.56 is recommended
9-2-03 9-4-03	97535	\$39.00	\$0.00	No EOB	\$39.00		MAR reimbursement of \$39.00 X 2 = \$78.00 is recommended
10-15-03	99212	\$46.41	\$0.00	No EOB	\$46.41		MAR reimbursement of \$46.41 is recommended
10-15-03	97110 (3)	\$35.91 X 3 = \$107.73	\$0.00	No EOB	\$35.91 / 15 min		MAR reimbursement of \$107.73 is recommended
10-15-03	97124	\$28.14	\$0.00	No EOB	\$28.14		MAR reimbursement of \$28.14 is recommended
10-15-03	97035	\$15.56	\$0.00	No EOB	\$15.56		MAR reimbursement of \$15.56 is recommended
							The requestor is entitled to reimbursement of \$1007.12.

This Decision is hereby issued this 26th day of August 2004

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 07-28-03 through 11-14-03 in this dispute.

This Order is hereby issued this 26th day of August 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

April 7, 2004

Amended Letter

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-1388-01
IRO Certificate #: IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ____'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury on ____ when she slipped off a ramp. She reported pain to her left ankle, groin, hip, and lower back. Conservative treatment has included physical therapy, chiropractic manipulation, local injections, and anti-inflammatory, muscle relaxant, and analgesic medications.

Requested Service(s)

Manipulation, therapeutic exercises, manual therapy, ultrasound, office visits, massage, manual traction, procedures, neuromuscular re-education, home management, hot/cold packs, gait training, stimulation and group therapy from 08/01/03 through 11/14/03.

Decision

It is determined that the manipulation, therapeutic exercises, office visits, procedures, neuromuscular re-education, home management, gait training, and group therapy from 08/01/03 through 11/14/03 were medically necessary to treat this patient's condition. The manual therapy, ultrasound, massage, manual traction, and hot/cold packs from 08/01/03 through 11/14/03 were not medically necessary for the treatment of the patient.

Rationale/Basis for Decision

National treatment guidelines allow for this type of treatment for these types of injuries. Guidelines allow for 2-6 weeks of passive therapy post injury date. Therefore, passive therapy on or after 08/01/03 was not medically necessary to treat her injuries. This patient was progressed into an active therapy program. Due to the significance of her injuries and multiple injured areas, four months of active therapy would be appropriate.

In conclusion, manipulation, therapeutic exercises, office visits, procedures, neuromuscular re-education, home management, gait training, and group therapy from 08/01/03 through 11/14/03 were medically necessary. Manual therapy, ultrasound, massage, manual traction, and hot/cold packs from 08/01/03 through 11/14/03 were not medically necessary for the treatment of the patient.

Sincerely,